

# PROJECT 10073 RECORD

|                                                                                                |                                                 |
|------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. DATE - TIME GROUP<br>14 Dec 67 1020Z                                                        | 2. LOCATION<br>Bradford, Mass.                  |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Other: (CONFUSING REPORT)     |
| 4. NUMBER OF OBJECTS<br>Confusing                                                              |                                                 |
| 5. LENGTH OF OBSERVATION<br>5 minutes                                                          | 11. BRIEF SUMMARY AND ANALYSIS<br>SEE CASE FILE |
| 6. TYPE OF OBSERVATION<br>Ground Visual                                                        |                                                 |
| 7. COURSE<br>NE                                                                                |                                                 |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                 |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       |
| EYEGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CAMERA VIEWER                                                                                         |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BINOCULARS                                                                                            |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TELESCOPE                                                                                             |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THEODOLITE                                                                                            |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTHER                                                                                                 |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>AS FAST AS SPEED OF LIGHT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>1000</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |
| <p>A small globe in the bottom of a large blackboard eraser. On my other paper I described the fleeing object as a small sphere. But the fleeing oval shape did not seem round on the top. It appeared to be like this . I think it should have looked like this . But it looked like the shape was not rounded on the top - like it had a piece missing on the top. It looked like a black sail boat sailing on a black sea. The round under side looked as tho it had been outlined with black India ink. It looked like it was sliding on a black track but it was only a deep outline of the bottom of the object.</p> |                                                                                                       |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
| <p>At the time I felt no effect. But when the full realization struck me, I felt unsure of myself for a few days. The subject and lighting were familiar to me.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Even with the sun bright star fading & blinding light in my face, I kept looking and then saw a blurred, white object coming right at me. It was coming very fast, slightly turned to my right. It looked all white and like this:



THIS object had a white round knob on the top of it in the center. Both the round knob on the top and the entire front of the object seemed to be lit up very brightly. I think untinted white lights would look like that. I think as it came right at me I saw what could have been openings or something else. I could not make out if these were round or square marks, because the object was going too fast and getting very blurred. It threw down a pure white shadow of itself. It was a long shadow of a round Christmas tree glass ornament with a round knob on top. The shadow was pure white elongated and did not seem to touch the black tar road. I thought it was coming down and even before I got my arm up to protect my eyes from its brightness, its great white shadow touched my coat as it flew over my head without a sound. I do not drink or smoke, but I know that there are such things as G.F.O., because I saw one.

About two years ago, I saw this same pink ribbon in the sky. I had been told that a foreign plane had been given permission to fly. If I am not mistaken it was a Russian MIG. I am sure the sun had formed a pink mist that day. Now I am wondering why they really wanted the permission that day. This was why I got confused by the pink trail. I thought the foreign plane made it. I have dated cash register slips to prove the G.F.O. books I now own were all purchased after this sighting. Many things

flash thru your mind at a strange sight like this.

PHOTOGRAPHIC DATA

1. Type and make of camera
2. Type, focal length, and make of lens
3. Brand and type of film
4. Shutter speed used
5. Lens opening used; that is, "f" stop
6. Filters used
7. Was tripod or solid stand used
8. Was "panning" used
9. Exact direction camera was pointing with relation to true North, and its angle with respect to the ground.
10. If supplemental information is unobtainable, the minimum camera data required are the type of camera, and the smallest and largest "f" stop and shutter speed readings of the camera.
11. Estimate distance from observer to object:

*The camera was used. I merely said that at one time I had been an amateur photographer and on several occasions which I do not remember as being good photographs in 1959. I am not of course taking a camera into work; it is a forbidden thing in my place of employment. Some of the conditions of the photographing fact and it has not been.*

This case contains  
1,  $3\frac{1}{2} \times 5$  photo.



Look behind the head! There is the color - white  
 In the above picture notice that the neck of the swan  
 is high above the black piece of tin. I asked the color  
 the lighting effect was the same as the round  
 globe hanging in space above the darkness of the earth.  
 At the time of the sighting, I remembered the  
 old picture in the attic.  
 I believe the earth has this soft glow when photo-  
 graphed from space.

INFORMATION IS ON THE BACK  
 OF THIS PICTURE

PHOTOGRAPHS OF THE UFO??

P.S. Someone is a little confused. They  
 cannot even spell my name right.  
 My name is Ronald. I live in the  
 town of... (illegible) ...

# U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

4 12 1967  
Day Month Year

2. Time of day: 1 21  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

[Redacted] Bradford Illinois  
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

5  
Hours Minutes Seconds

a. Certain  
b. Fairly certain

c. Not very sure  
d. Just a guess

5.1 How was time in sight determined?

Left home 6:12 AM. It took 5 minutes to get to 445 Main St. MAN I had with camera 6:25 AM.

5.2 Was object in sight continuously?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. What was the condition of the sky?

DAY  
a. Bright  
b. Cloudy

NIGHT  
a. Bright  
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you  
b. In back of you  
c. To your right

d. To your left  
e. Overhead  
f. Don't remember

*End phenom 117, photo detached and request  
was sent on photo of "10.5"*

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

A LIGHTED AND SHADED 100 WATT BULB

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

c. Other \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- |                                                 |            |    |            |
|-------------------------------------------------|------------|----|------------|
| a. Appear to stand still at any time?           | <u>Yes</u> | No | Don't know |
| b. Suddenly speed up and rush away at any time? | <u>Yes</u> | No | Don't know |
| c. Break up into parts or explode?              | <u>Yes</u> | No | Don't know |
| d. Give off smoke?                              | <u>Yes</u> | No | Don't know |
| e. Change brightness?                           | <u>Yes</u> | No | Don't know |
| f. Change shape?                                | <u>Yes</u> | No | Don't know |
| g. Flash or flicker?                            | <u>Yes</u> | No | Don't know |
| h. Disappear and reappear?                      | <u>Yes</u> | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

It did not disappear. It moved towards the south and then turned back and appeared to be motionless. I saw it for about 10 seconds. I saw it again. It had a bright light and a small black dot in the center. It went down to the horizon.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind: the star. It was the first star in the same color as the star but the spreading globe was gone.

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of: the fixed star. It was the brightest star in the northern group and was a yellow.

17. Tell in a few words the following things about the object:

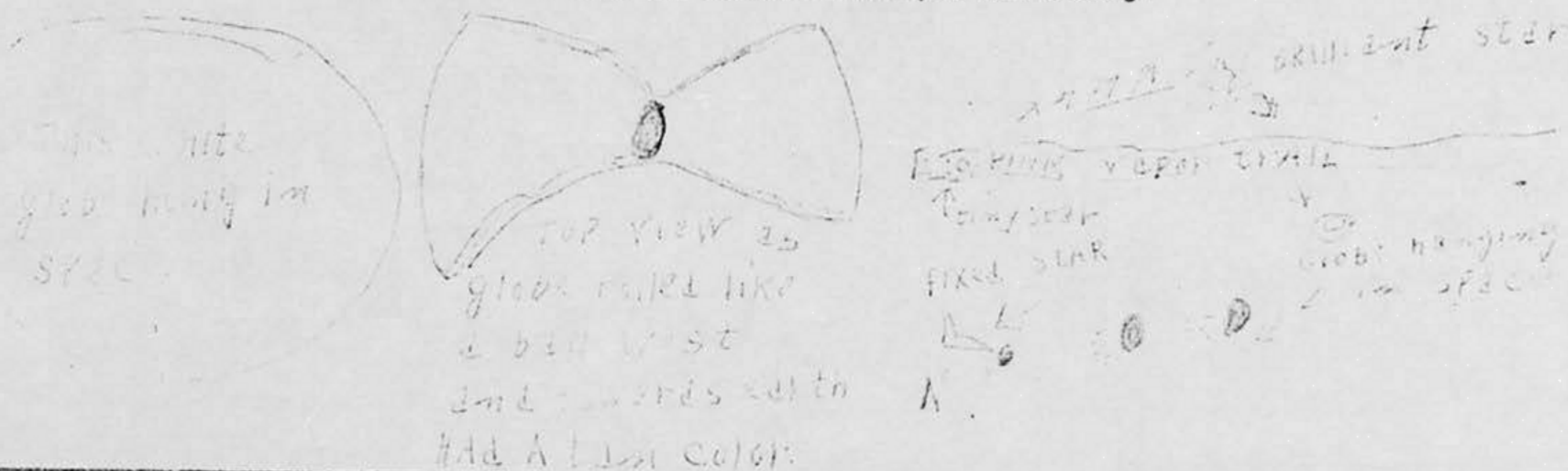
- a. Sound It made no sound.  
b. Color The star was star color. It's blinding light white. Globe was white then dark grey then jet black. Flashing light was bright.

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

The small star seen thru the pink mist would have been covered. As the star moved closer edges would have shown. All but a tiny spot would have shown, both on the glass colored globe and the black dot spot in the center of the top as it greatly tilted towards the earth. The fleshy oval shaped globe would have been covered.

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

22. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type) \_\_\_\_\_
- e. At sea
- f. Other \_\_\_\_\_

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

25. Did you observe the object through any of the following?

- |                 |     |                                     |                |     |                                     |
|-----------------|-----|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses   | Yes | <input checked="" type="radio"/> No | e. Binoculars  | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes | <input checked="" type="radio"/> No | f. Telescope   | Yes | <input checked="" type="radio"/> No |
| c. Windshield   | Yes | <input checked="" type="radio"/> No | g. Theodolite  | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other _____ |     |                                     |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

A gold button, a small gold colored brass 1/2 inch, a 2 inch -  
with the stem removed and tilted slightly to -  
with the observer. - round glass Christmas tree with  
the stem removed. oval shape will be like a tiny plane.

31. Was anyone else with you at the time you saw the object? (Circle One)      Yes      No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 56 SEX F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day 15 Month 12 Year 1967

14 Dec 67  
photos

8 FEB 1968

TDPT (UFO) Maj Quintanilla/70916/mhs/8 Feb 68

UFO Observation, December 14, 1967

Mrs. [REDACTED]

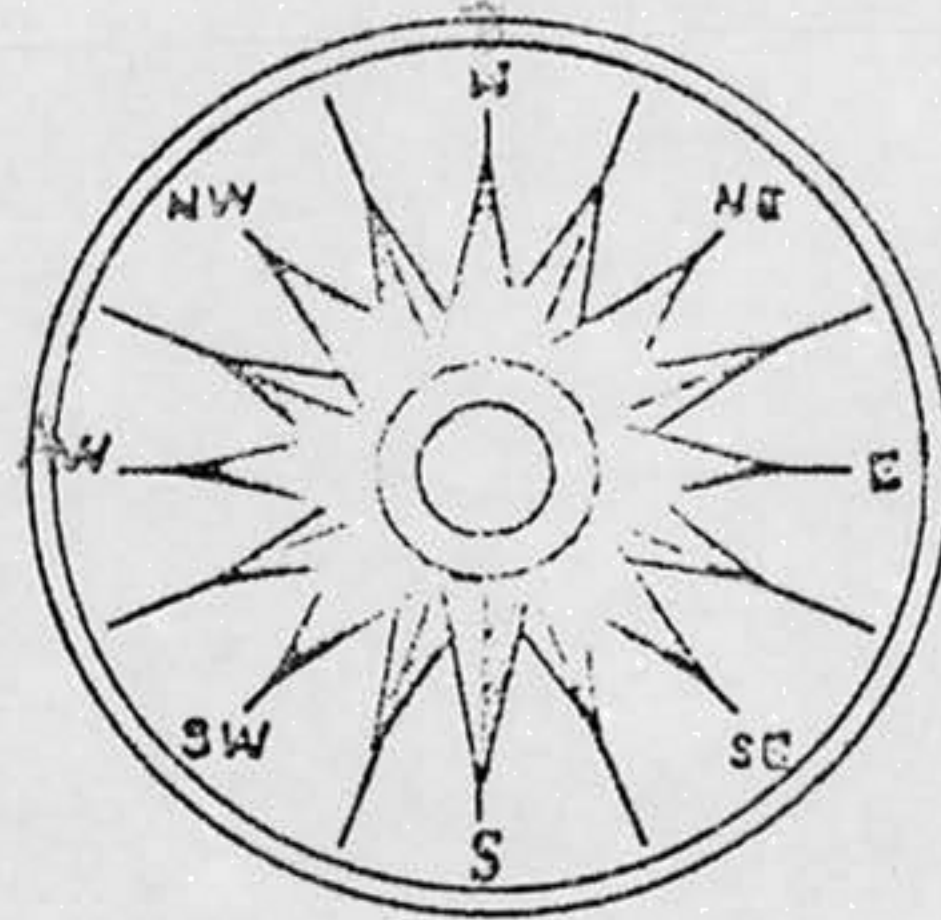
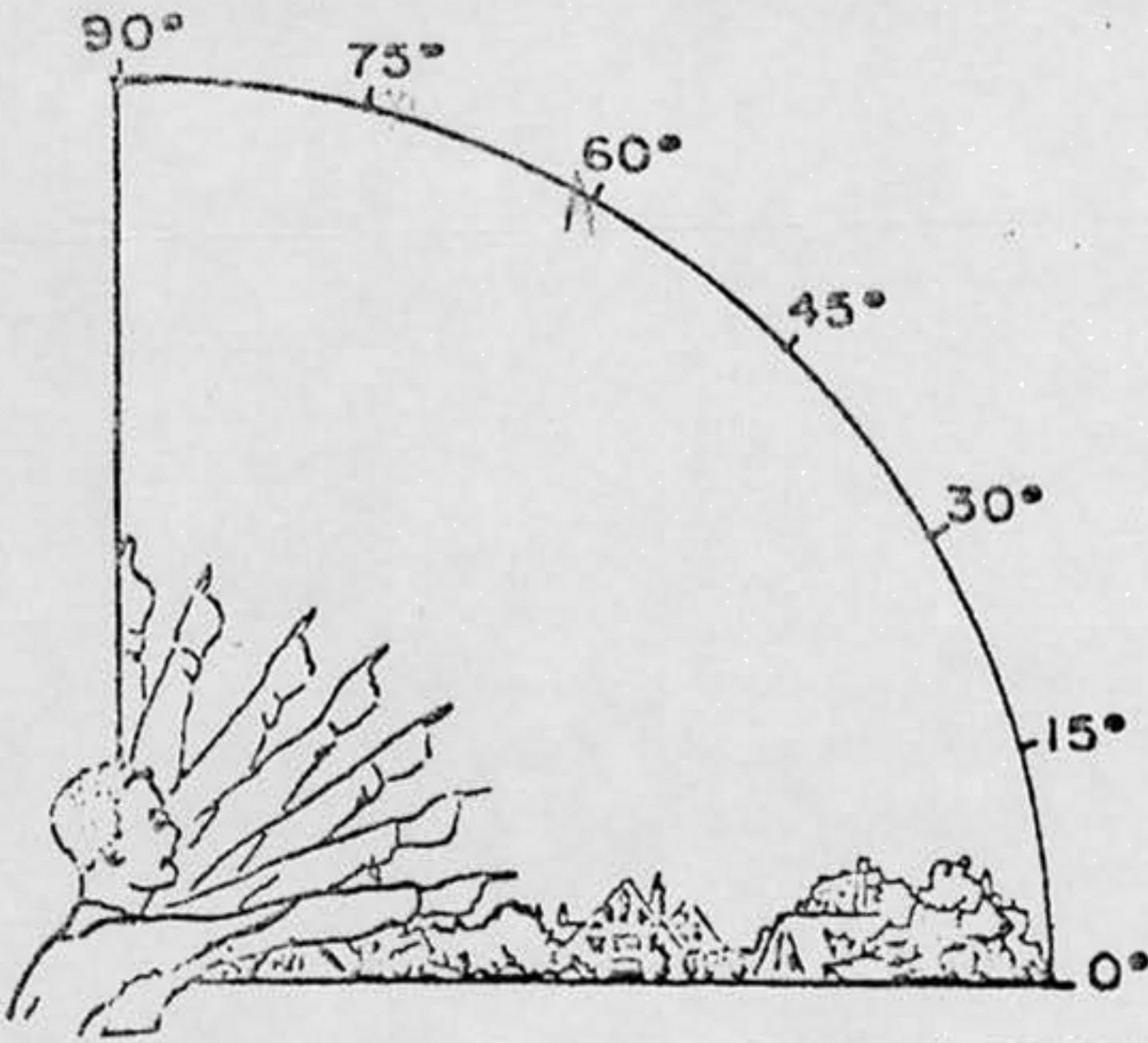
Bradford, Massachusetts 01830

1. Reference your recent correspondence in which you reported your unidentified observation of December 14, 1967 and subsequent photographs. Additional information on your sighting and your original negatives are needed to perform a scientific investigation. Request you complete the attached photographic data sheet and AF Form 117 and return them with your original negatives. Upon completion of analysis we will return your negatives along with our findings.
2. In the last paragraph of your report, you mention that you reported your observation to a member of the United States Air Force. Would you please provide the name of the person, and the base to which he is assigned, so that if additional information is needed on your sighting, we may contact him.
3. Thank you for reporting your observation to the Air Force.

 DIRECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

- 2 Atchs
1. AF Form 117 w/envelope
  2. Photo Data Sheet

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_  
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

34. Date you completed this questionnaire:

7

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Information from our city weather man.

Thursday, DEC 14, 1967

Wind NORTH

VELOCITY, FRESH - average

19 to 24 miles an hour.

Reading taken as 7.2 to 7.3 reading  
- should have been lighter earlier.

PINK VAPOR STREAK DRIFTED SOUTH

years ago, I FLEW over the city of Haverhill on  
a similar night. The man at the controls at  
that time owned the city's private airport. The  
plane was a PIPER CUB. So, I would say flying  
conditions were ideal on DEC. 14, 1967.

Jan 15, 1968

Have you the photograph of the plane? I remember  
this as being in my letter to you which the  
paper trail of the plane was left by a jet engine  
which entered the scene at 10:22.

DEPARTMENT OF THE AIR FORCE  
WASHINGTON 20330

OFFICE OF THE SECRETARY

January 8, 1968



Dear Miss [REDACTED]:

This replies to your recent letter concerning the observation of an unidentified flying object (UFO).

Without essential information, such as detailed flight characteristics, angular velocities, or weather information, we are unable to undertake a scientific investigation. Had you contacted the UFO investigator at your nearest Air Force base immediately, an on-the-spot investigation would have been possible.

We hope the inclosed Project Blue Book report may be of help to you in identifying your observation.

Thank you for reporting your observation to the Air Force.

Sincerely, \_\_\_\_\_

Chief, Civil Branch  
Community Relations Division  
Office of Information

Attachment

Miss [REDACTED]  
[REDACTED]  
[REDACTED]

Haverhill, Massachusetts 01830

of an isquatty globe with a flashing light  
behind it.

The bottom of the globe appeared  
darkly outlined. The center seemed high  
The globe appeared to be about two inches  
high and three inches across the round side  
facing me. It seemed to roll twice as  
the top appeared to be warped and  
uneven.

Then it sped across the sky flash-  
ing all the way - a black object  
getting smaller until only the flash  
was visible and the faded star grew dim.

While in High School, I received  
Aie and Bie in my science class. Then  
too, I saw the Sputnik I. But it did  
not look like this and the Echo  
satellite did not either.

At this writing, I do not know  
if you take data on A. F. A.  
However, it was suggested that

I send this letter.

Sincerely yours,  
~~\_\_\_\_\_~~

[illegible]

Gentlemen;

On Dec. 14, 1967, I observed  
a dark squatty object speed across the  
sky. It was flashing a bright white light.  
I saw the space between the black fly  
object and a fixed star grow smaller and  
smaller. Then I only saw the flashes, a  
the dark object seemed to have gone right  
into the fixed star.

When, I first saw this object it came towards me above a pink trail left by a jet following the course of the Merrimack River. But it crossed the trail, turned at an angle and seemed disappear, although only a second ago it was a very bright star.

17. I now saw the silhouette

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-2234

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 14 MONTH 12 YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 6 MINUTES 20 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 6 MINUTES 25 ☒ A.M. ☐ P.M.

4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☒ OTHEREASTERN  
STANDARD

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

DARK SKY

DARK SKY

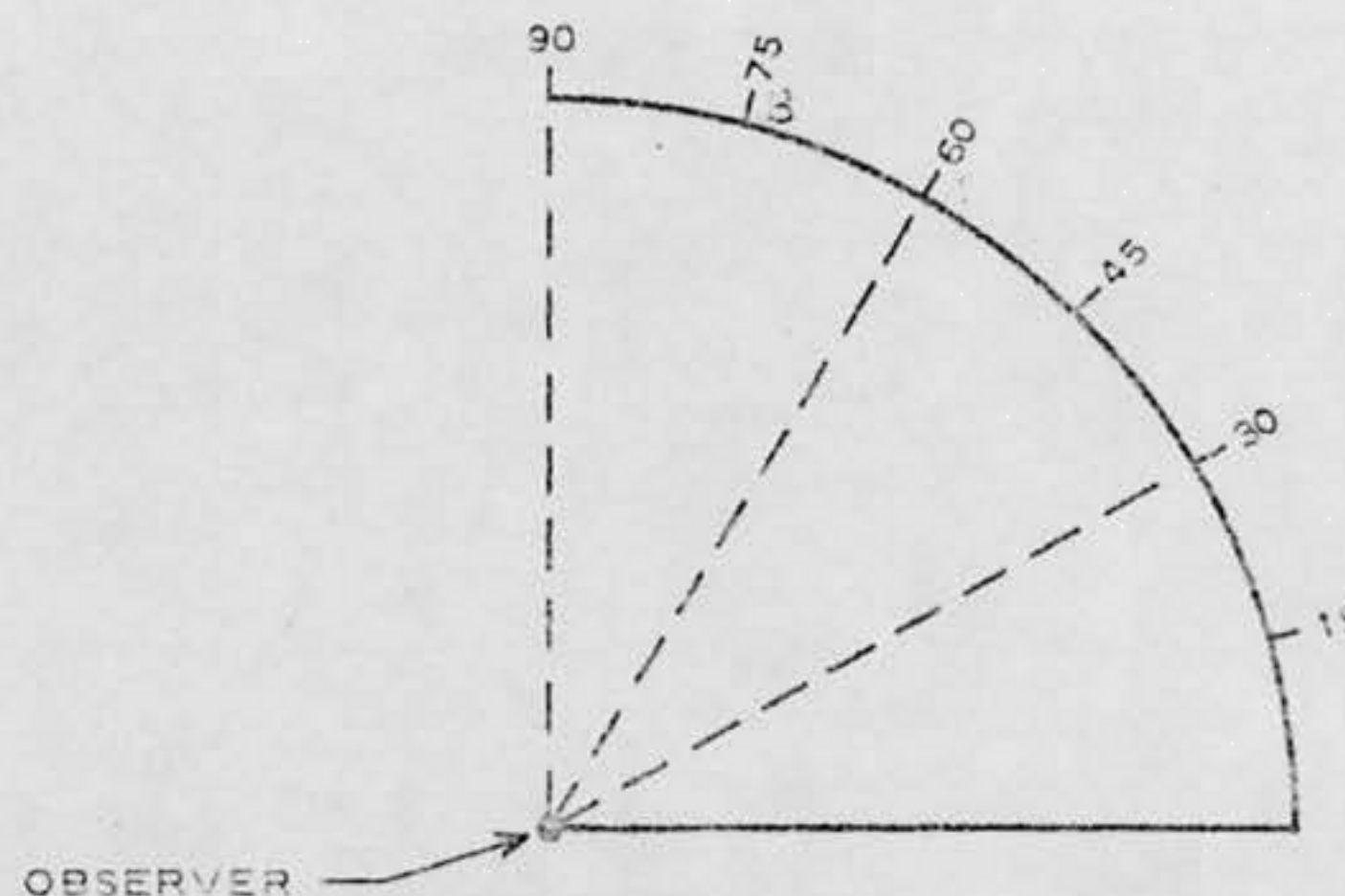
A PINK MIST ACROSS THE STREET UP HIGH

White House Grey House Grey House White House

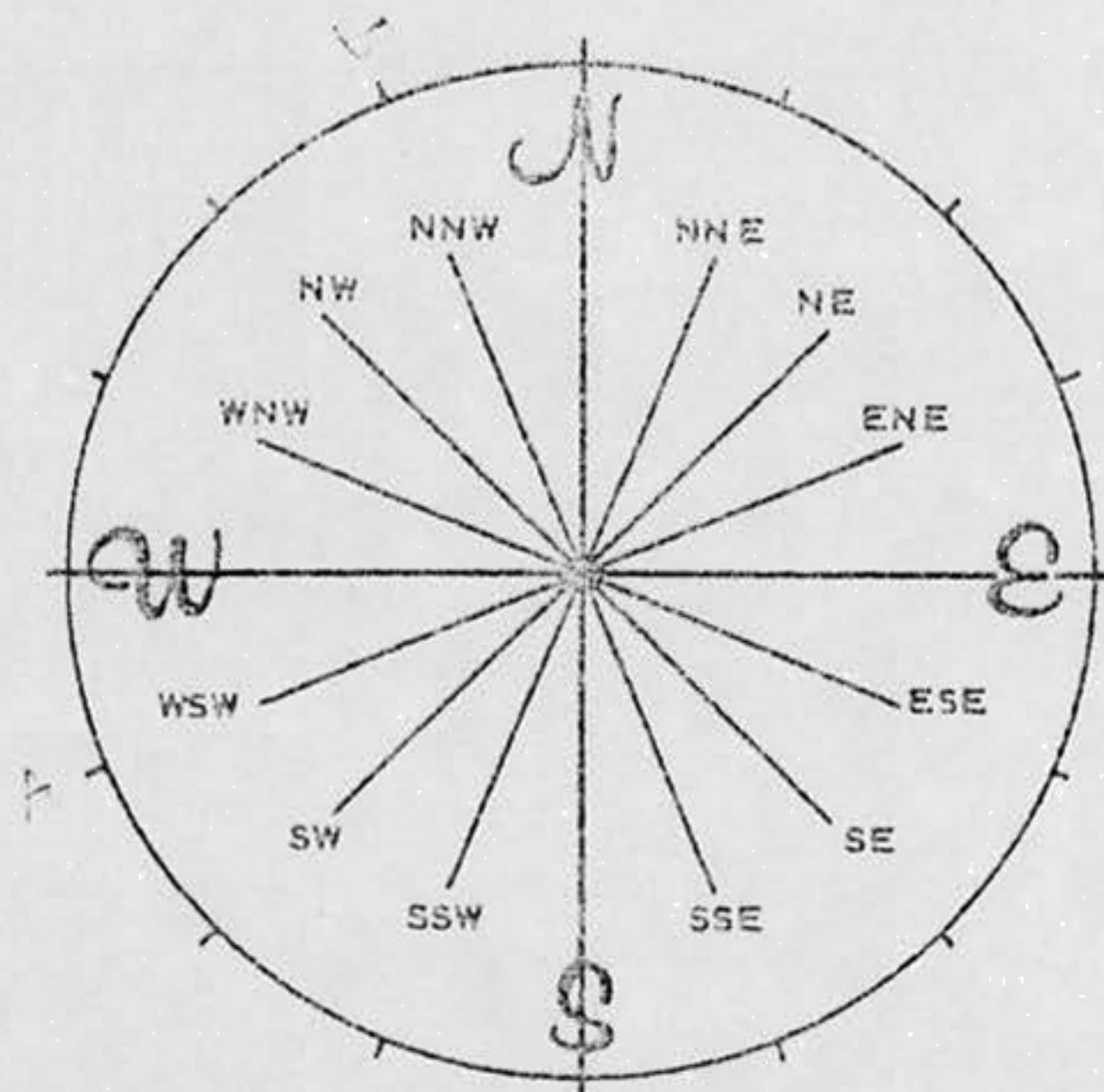
SIDEWALK

SIDE WALK

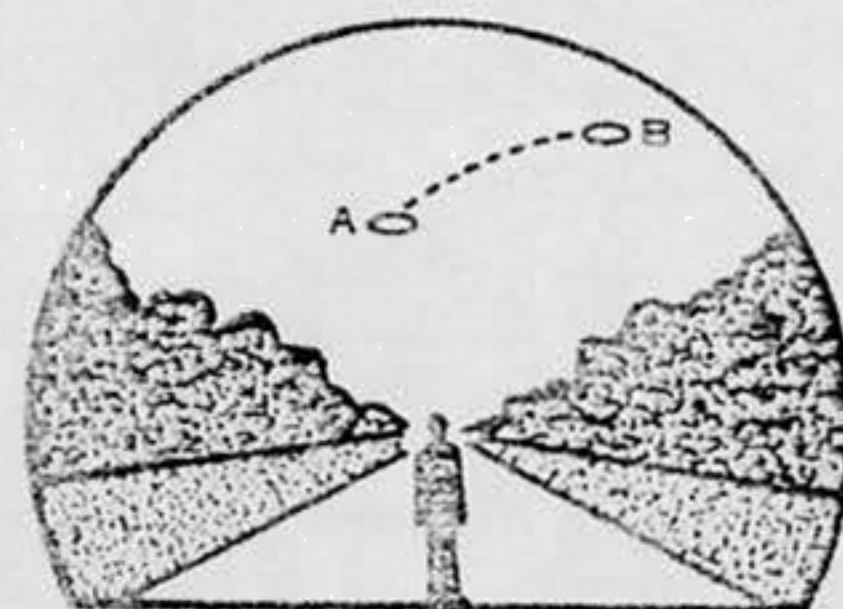
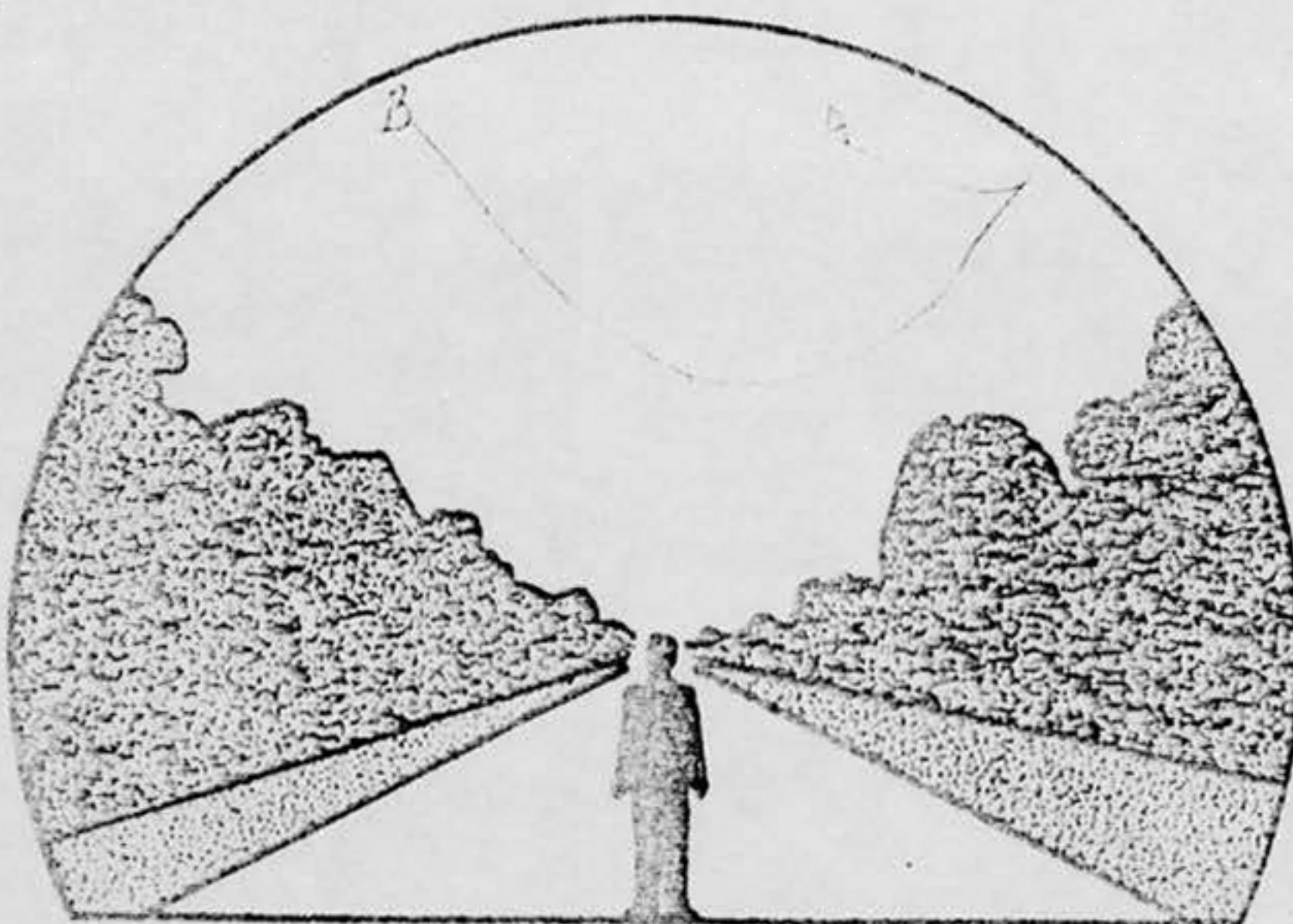
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                  |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|---------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                  |               |
| OUTDOORS <i>50 MAIN ST</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | IN BUSINESS SECTION OF CITY                                                                                      |               |
| IN BUILDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY                                               |               |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | IN OPEN COUNTRYSIDE                                                                                              |               |
| IN BOAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | NEAR AIRFIELD                                                                                                    |               |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | FLYING OVER CITY                                                                                                 |               |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | FLYING OVER OPEN COUNTRY                                                                                         |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | OTHER                                                                                                            |               |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                  |               |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | HOW FAST WERE YOU MOVING?                                                                                        |               |
| NORTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |               |
| SOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WEST      |                                                                                                                  |               |
| NORTHEAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SOUTHEAST |                                                                                                                  |               |
| NORTHWEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SOUTHWEST |                                                                                                                  |               |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                  |               |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                  |               |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                  |               |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                  |               |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                  |               |
| LENGTH OF TIME<br><i>five (5 min) or less</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | CERTAIN OF TIME                                                                                                  | NOT VERY SURE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | <input checked="" type="checkbox"/> FAIRLY CERTAIN                                                               | JUST A GUESS  |
| HOW WAS TIME DETERMINED? <i>My driver counted down as a rule. But it may have been in sight less than 5 min. as I was possibly out of the car at 6:12 AM. whole thing when the car came.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                  |               |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. <i>It first came as a small bright star behind a pink trail of mist about one inch wide. Then, the top point of a star rose over the pink trail, followed by the left side point of the star. Then, the whole of the much bigger star shot up above the pink mist trail. The light from the star magnified the pink mist. It now appeared to be about five times, times as wide. To my surprise, I saw the texture of the pink mist and the opening where the tiny star had shown thru. The opening was not round. I knew it was in the distance, but what I saw was in perfect focus. After the object was gone, I looked for the pink mist which I now knew was formed by the sun. It had faded south. It had broken the mist ribbon and was wider. Also the sky was perfectly clear, when before it had appeared as dark sky. I had stood right to the spot as I had decided to do a long time ago, if — I ever saw something good.</i> |           |                                                                                                                  |               |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

| 11. CONDITIONS (Check appropriate blocks.)   |  |                                                                      |                                                       |
|----------------------------------------------|--|----------------------------------------------------------------------|-------------------------------------------------------|
| A. SKY                                       |  | B. WEATHER                                                           |                                                       |
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST EAST TO WEST     |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                      | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN                      |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 |  | (2) MOON                                          |                                                        |
|-------------------------------------------|--|---------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> NONE             |  | <input type="checkbox"/> BRIGHT MOONLIGHT         | <input type="checkbox"/> NO MOONLIGHT                  |
| <input checked="" type="checkbox"/> A FEW |  | <input type="checkbox"/> MOON WITH HALO           | <input checked="" type="checkbox"/> UNKNOWN (See note) |
| <input type="checkbox"/> MANY             |  | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |                                                        |
| <input type="checkbox"/> UNKNOWN          |  | <input type="checkbox"/> PARTIAL (New or quarter) |                                                        |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                                          |                                        |                                               |
|------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Shaded green street light was at my left.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Always it looked like a solid self luminous object. It first appeared as a tiny bright star, then as a huge brilliant star. Then it hung in space as a round white Christmas tree ornament. As it rolled towards earth it was not white, but a dirty color. I saw what looked like seams. Then it stood up and was white again. It disappeared and then I saw it again, not near, grey color, moving away fast. It then occurred to me to count and I was able to count to 20 as it burned black and sped at an angle out to the star, blinking all the way. All this I do not quite understand, but I wanted to give you the facts. I do not understand how I could so clearly see the gap close in between the star and the object which did not look far away. I do believe that the light on that craft penetrated many miles to earth and into space.

| 13. | DID THE PHENOMENON                                                         | YES | NO | UNKNOWN |
|-----|----------------------------------------------------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?                                                   |     | X  |         |
|     | STAND STILL AT ANYTIME? <i>It never stopped moving in a straight line.</i> | X   |    |         |
|     | SUDDENLY SPEED UP AND RUN AWAY?                                            | X   |    |         |
|     | BREAK UP IN PARTS AND EXPLODE?                                             |     | X  |         |
|     | CHANGE COLOR?                                                              | X   |    |         |
|     | GIVE OFF SMOKE?                                                            |     | X  |         |
|     | CHANGE BRIGHTNESS?                                                         | X   |    |         |
|     | CHANGE SHAPE?                                                              | X   |    |         |
|     | FLASH OR FLICKER?                                                          | X   |    |         |
|     | DISAPPEAR AND REAPPEAR?                                                    | X   |    |         |
|     | SPIN LIKE A TOP?                                                           |     | X  |         |
|     | MAKE A NOISE?                                                              |     | X  |         |
|     | FLUTTER OR WOBBLE?                                                         | X   |    |         |

## 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

The tiny bright star peaking thru the pink gloom,  
Also, because I had seen the sky like  
this once before.

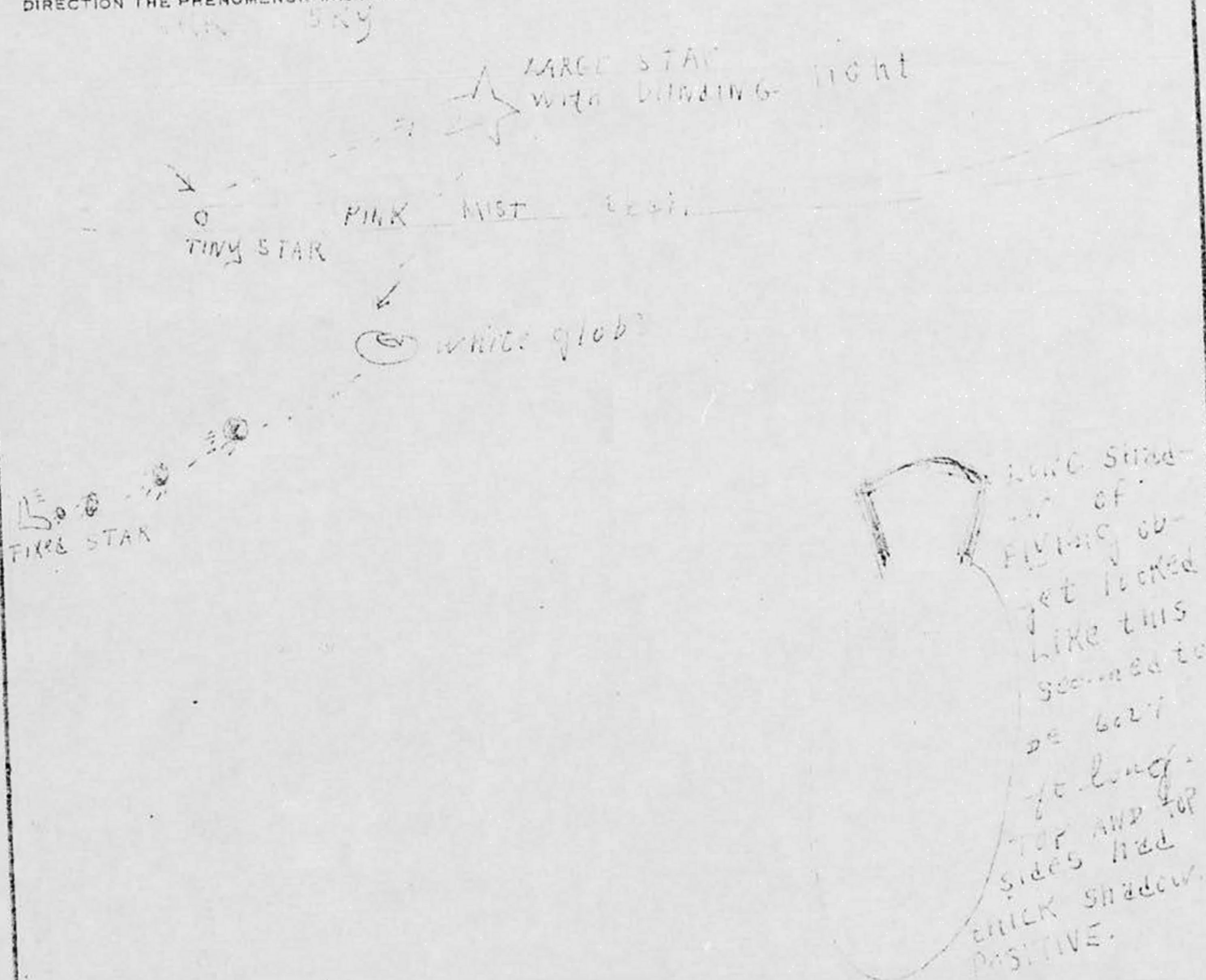
## A. HOW DID IT FINALLY DISAPPEAR?

As three star colored flashes at a star which  
had a peak in the back and sort of a plate in front.  
It had moved towards the star at a fast left  
angle on my left.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

It moved in front of a star. A bright one. I purchased a  
back to find the star. It might have been the brightest star  
in the Bootes group. After the object disappeared I kept watch-  
ing and I saw the star dim. It's light it was as if  
someone had turned down a lamp or covered it with a cloth.  
I had stayed to see if the star would brighten again but the  
car came and I had to go to work.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

The head of a household size match would have covered the tiny star and the fleeing black globe most of the big star and white globe would have remained in sight.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☒ NO. IF "YES," DID THEY SEE IT TOO?  
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS (Street, City, State, Zip)

TELEPHONE (Area code and number)

AGE

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

WAS an amateur photographer 5 years. Won several awards in a newspaper series, none in all. Most of the pictures were still life.

Have been engaged in the manufacture of electric parts for many years.

Gave up photography in 1959 sold all my dark room equipment at that time. Only take a few color pictures now.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY 15 MONTH 12 YEAR 1967

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 11 MONTH 2 YEAR 1968